

**NOMINATION FOR BENEFITS UNDER THE REVISED FORCE RISK PREMIA CUM SAVING SCHEME**

Name and address of first nominee(s)	Relationship with the member of the scheme	Age and date of birth of first nominee(s)	Share to be paid to each	Contingencies on happening of which the nomination shall become invalid	Name, address and relationship with age and date of birth of the person(s) to whom the right of the nominee shall pass in the event of first nominee predeceasing the member of the scheme or in consequence of his/ her death/ ineligibility in order of precedence.
(1)	(2)	(3)	(4)	(5)	(6)

Date: \_\_\_\_\_

**Witness to the signatures**

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature of member of the scheme with date

Name \_\_\_\_\_

FORCE NO. \_\_\_\_\_ Rank \_\_\_\_\_